

Certified County Finance Officer

RECORD OF CONTINUING EDUCATION / CERTIFICATION RENEWAL

Please complete the following certificate information:

Name (please print)

CMFO No.

Exp. Date

Home Address:

Home Phone:

Work phone:

E-Mail:

As you complete an approved seminar for continuing education contact hours, fill in each column as appropriate. List the number of approved hours in the appropriate subject column. See Local Finance Notice CERT-95-1.			Accounting	Financial and Debt Management	Budgeting	County Fiscal Operations	Office Management / Ancillary Subjects	Information Technology (optional)
Course No.	Name of Seminar	Sponsor						

As you complete an approved seminar for continuing education contact hours, fill in each column as appropriate. List the number of approved hours in the appropriate subject column. See Local Finance Notice CERT-95-1.			Accounting	Financial and Debt Management	Budgeting	County Fiscal Operations	Office Management / Ancillary Subjects	Information Technology (optional)
Course No.	Name of Seminar	Sponsor						
Total Credit Hours								

Renewal requires completion of 30 contact hours of continuing education credit. Applicants for renewal must obtain a minimum of four (4) contact hours in each of the subject areas, except "County Fiscal Operations", in which applicants must obtain a minimum of Two (2) contact hours, and "Information Technology", which is an optional category.

Certification of Attendance:

I _____, CCFO # _____, PRINT NAME certify that I have attended the educational programs noted above which are required for the renewal of my certified county finance officer certificate. I understand that any willful misrepresentation on my part may be grounds for suspension or revocation of my certification. Further, I understand that the Division of Local Government Services may request proof of my attendance at the above seminars anytime within six (6) months after the renewal date of my certification.

Signature: _____ Date: _____

Upon completion of the continuing education requirements, please forward the application to: Certification Unit, Division of Local Government Services, P.O. Box 803, Trenton, New Jersey 08625-0803. Applications must be accompanied by a check or money order for \$50 made payable to the State Treasurer. THE APPLICATION FEE IS NOT REFUNDABLE. Please contact the Division of Local Government Services at (609) 292-4656 if you have any questions concerning completion of the application.